

List of Additional SOP

The list of additional SOP in the Department of Computer Science are as follows:

S. No:	Name of SoP
1	Course File Review
2	Public Disclosure of Policies
3	Learning Facilities and Services
4	Documents Control
5	Program Revision Policy
6	Management of Learning Resources and Reference Material
7	Awards for Faculties
8	Mechanism for Leadership Preparation and Nomination
9	Verifying the Quality and Validity of Assessment Methods with Public Disclosure
10	Integration & Communication between the Campuses

Dr. Fathe Jeribi

Head

Approved by



Dr. Fathe Jeribi
Head of Department

Course File Review

Policies & Procedures

Approved by



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Head of Department

1. Purpose

The purpose of this SOP is to establish a clear and consistent procedure for the periodic review of course files within the College of Engineering & Computer Science. The goal is to ensure that course content, teaching strategies, assessment methods, and student performance are systematically reviewed and updated to enhance the overall quality of the academic program.

2. Scope

This procedure applies to all course instructors, course coordinators, track leaders, program coordinators, and the curriculum review committee responsible for course file review within the College of Engineering & Computer Science.

3. Responsibilities

- **Course Instructors:** Responsible for preparing and submitting course report in timely manner after the completion of each semester. **NCAAA** format must be strictly followed while preparing the course report.
- **Course Coordinators:** Responsible for the initial review of the course report and preparing consolidated course reports and Course File.
- **Track Leaders:** Responsible for reviewing and approving the course file of their track for the completeness various components such as Course description, Course specification, Study materials, Lab Manual, result statics and evaluation, Consolidated course report and finally prepare the review report.
- **Program Quality Coordinator:** PQC build a team of 2-3 faculty members to review the course file and prepare review report, PQC also oversees the entire process and ensures that course file reviews are conducted as per the prescribed schedule.

4. Definitions

- **Course File:** A compilation of all materials related to a course, including Course Description, Course Specification, Study Material, Lab Manual, Course Roadmap, Result Statistics and Evaluation, Consolidated Course Report.
- **Review:** The process of systematically evaluating the contents of course files to ensure they meet the academic and administrative standards set by the college.

5. Procedure

5.1. Course File Contents

Each course file must include the following documents:

1. **Course Specification:** Course objectives, CLO, teaching strategies, and assessment methods as per NCAAA format.

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2. **Course study materials:** PPT, Text Book
3. **Lab Manuals**
4. **Course Roadmap:** Weekly or unit-based teaching plans that detail instructional activities.
5. **Assessment Materials:** Samples of exams, quizzes, assignments, rubrics, and grading schemes.
6. **Student Performance Data:** Summarized student grades, exam results, and analysis of student performance trends.
7. **Student Feedback:** Results from course evaluation surveys and any informal feedback gathered during the course.
8. **Course Report:** A comprehensive report summarizing the Students Result (Grade Distribution, Comment on Student Grades), Course Learning Outcomes (Course Learning Outcomes Assessment Results, Recommendations), topics not covered, Course Improvement Plan prepared at the end of the semester.

5.2. Timeline for Submission

1. **Course Instructor Submission:** Course instructors must submit the course report and sample of assessment materials such as samples of exams, quizzes, assignments, quiz, case studies and grading schemes to the course coordinator within two weeks after the end of each semester.
2. **Course Coordinator Review:** The course coordinator must complete their review and prepare a consolidated course file for the track leader within **one week** of receiving the course files.
3. **Track Leader Approval:** The track leader reviews the course file within **one week** and submits report to the QAU.
4. **QAU Review:** The PQC build a team of 2-3 faculty members to review the course file and prepared report. PQC ensures that the course files are properly reviewed and stored and presents to the Department Council for approval.

5.3. Course File Review Process

1. **Initial Review (Course Coordinator):**

The course coordinator prepares course file which includes individual's course report, samples of exams, quizzes, assignments from the course teachers.

The course coordinator prepares a **Consolidated Course Report** summarizing key findings and recommendations and put in the course file.

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2. Track Leader Evaluation:

Track leader review the following things and give recommendation.

- **Course Description:** Briefly evaluate the course objectives and coverage.
- **Quality of Lecture Notes / Study Material:** Assess the completeness and clarity of the materials.
- **Quality of Lab Manual / Case Study Manual:** Ensure alignment with theory and practical relevance.
- **Course Specs:** Check if the course specifications (topics, CLOs, resources) are appropriate.
- **Result Statistics and Evaluation (CLO):** Analyze student performance based on CLOs. (Refer to attached Excel file)
- **Exams / Assignment / Mini Project:** Review the relevance and difficulty of assessments.
- **Question Papers + Answer Keys:** Evaluate alignment with course objectives and accuracy of answer keys.
- **Theory Book Changes:** Suggest any necessary additions or deletions.
- **Lab Manual Practical Coverage:** Does the lab manual adequately reflect theory content? Yes/No.
- **Lab Manual Changes:** Suggest any additions or deletions in the manual.
- **CLO Coverage:** Do CLOs cover major aspects? Suggest changes if needed.
- **Assessment Methods:** Are current methods appropriate? Recommend changes if necessary.
- **Teaching Strategies:** Assess and suggest improvements for teaching strategies.

3. Program Quality Coordinator Final Review:

The program builds a team of 2-3 faculty members to review the course.

- **CLOs & PLO Mapping:** Review if CLOs are clearly written and properly mapped to PLOs.
- **Teaching Strategies:** Are the teaching strategies aligned with CLOs and effective? Suggest changes if necessary.
- **Assessment Methods:** Evaluate if the assessment methods (assignments, mini-projects, exams) are appropriate for evaluating student learning. Recommend changes if needed.
- **CLO Achievement:** Analyze if the students are meeting the CLOs effectively based on performance data.
- **Course Improvement Report:** Review the progress of the previous improvement plan and its effectiveness.
- **Course Improvement Plan:** Review the plan for further improvements based on current evaluation results.
- **CLO Appropriateness:** Do CLOs cover all major aspects of the course? If not, identify the gaps and suggest revisions.

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- **Assessment Methods Suitability:** Are the current assessment methods adequate for evaluating students? Propose modifications if necessary.
- **Teaching Strategies Alignment:** Ensure the teaching strategies are suitable for achieving CLOs. Recommend changes if there are misalignments.
- **Assessment & Teaching Strategy Appropriateness:** Evaluate if the assessment methods and teaching strategies used for each CLO are effective. Suggest improvements or alternative methods if needed.

Improvement plan will be presented to the department council for approval.

4. Feedback Loop:

- Based on the evaluations, recommendations for improvement are communicated back to the course instructors and course coordinators.
- Instructors are expected to implement changes in subsequent semesters based on the feedback provided.

5.4. Record Keeping

- **Course Coordinators** are responsible for maintaining digital copies of all course files and evaluation reports. Hard copies must be archived in the department's office for a period of **three years**.
- Approved course files are uploaded to the **college's central database** for future reference and accreditation purposes.

6. Frequency of Review

- Course files are reviewed at the **end of every semester** for regular courses.
- An **in-depth review** of selected course files is conducted once every academic year as part of the **annual program review**.

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	(SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

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Head of Department



Policies & Procedures

Public disclosure of Policies



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Public Disclosure of Policies

1: Purpose:

The purpose of this SOP is to establish a systematic and transparent mechanism for public disclosure of information regarding the program (Mainly *graduate attributes, performance indicators, and achievements*) to all stakeholders, including students, faculty members, alumni, employers, and community members, Student advising, Students Affairs and Student Transfer etc. It aims to provide accurate and up-to-date information, fostering trust, engagement, and effective communication.

2: Scope: This document is applicable to all the platforms by which it could be publicly disclosed by any means to the faculties, students and the other people may be aware of the said policy or document.

3: Roles:

- a) **Head of the Department (HOD):** The head of the department is the leader of the department of Computer Science.
- b) **Web Portal Committee:** This committee maintains the web portal of our college and has access to modify or attach contents online to the web portal.
- c) **Quality Assurance Unit:** This is the committee ensures that the processes and the documents are fully met to the requirements of the accreditation.
- d) **Department Council:** This is the committee who manage the academic affairs of the department.

4: Responsibility:

The responsibility for implementing and maintaining the public disclosure mechanism rests with the Web Portal Committee with the approval of Head of Department (HoD) for the information being disclosed. This may include communication or public relations teams, program administration, or other authorized personnel.

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Procedure:

- Any committee can prepare the documents or information to be disclosed.
- Before public disclosure, the QAU team will seek approval from Program Assessment Committee, Head of Department and then from Department Council.
- The approval process may involve submitting the documents for review, addressing any feedback or revisions required, and obtaining final approval to proceed with the public disclosure.

1: Content for Public Disclosure:

- a. The approved documentation or information will be uploaded to the dedicated website section.
- b. Ensure the content is accurate, up-to-date, and relevant to all stakeholders, considering their different perspectives and needs.
- c. Clearly present the information using appropriate formatting, headings, and subheadings to improve readability.

2: Regular Updates:

- a. The designated team will ensure regular updates to the dedicated website section to keep all stakeholders informed.
- b. Updates can be made quarterly, annually, or at appropriate intervals, depending on the nature of the information and its relevance.
- c. The updates should reflect the approved documentation or information and provide the most recent and relevant details.

3: Clear Presentation:

- a. The disclosed information should be presented in a clear and user-friendly manner, considering the diverse stakeholder audience.
- b. Use visual aids such as charts, graphs, and infographics, if applicable, to enhance understanding and engagement.
- c. Provide brief descriptions or narratives to contextualize the information and explain its significance to the different stakeholder groups.

4: The Means of Public Disclosure:

Utilize various communication channels to promote public disclosure, including official announcements on the organization's website, newsletters, social media

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platforms, and email updates. Regularly communicate the availability of the public disclosure section to all stakeholders, encouraging them to explore the information and provide feedback.

a. Dedicated Website Section:

- The organization will create a dedicated section on its website to share the disclosed information.
- The dedicated section should be easily accessible from the organization's main webpage and prominently displayed for all stakeholders to find the disclosed information conveniently.

b. Corridor Display:

- The department will create the poster to paste in the corridor for display.

c. Email:

- The department secretary post mails to the entire faculty members for the disclosure.

d. Blackboard:

- The information can be shared as an announcement for the disclosure to the students.

5. Continuous Evaluation:

Continuously evaluate the effectiveness of the assessment method over time and make adjustments as needed to maintain its quality and validity.

1. Review and Revision:

Review this SOP periodically to ensure that it remains up-to-date and reflective of current best practices.

Revise as necessary based on changes in assessment practices or institutional requirements.

2. Approval:

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Dr. Fathe Jeribi
Head of Department

This SOP is approved by College Dean/CS Head and is effective as of 13-08-2024.

6. Approval and authorizations:

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	(SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
<u>SOP Committee</u>	<u>[Initial Release Ver-000, Dated 23-AUG-2015]</u>	<u>000</u>	<u>25-AUG-2015</u>
Mr. Raj Kumar Masih	[Ver_001, Dated 14-Feb-2023]	001	14-FEB-2023
Mr. Raj Kumar Masih	[Ver_002, Dated 08-Feb-2024]	002	08-FEB-2024

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Policies & Procedures

Learning Facilities and Services



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Learning Facilities and Services

- **Overview**
- **Purpose & Scope**
- **Definition**
- **Objectives**
- **Roles, Responsibilities and Committee Members**
- **Policies and Procedures**
- **Approval and Authorizations**

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Head of Department

Learning Facilities and Services

PURPOSE

This policy aims to ensure that all learning facilities and services are effectively acquired, managed, assessed, and improved to enhance the educational experience and outcomes for all stakeholders.

SCOPE

This policy and procedure apply to all learning facilities and services associated with BCS program, including classrooms, laboratories, libraries, and online resources within the College of Engineering and Computer Science, Jazan.

DEFINITION

- **Learning Facilities:** Physical spaces and resources utilized for educational purposes, including classrooms, laboratories, libraries, and recreational areas.
- **Learning Services:** Support services and resources that facilitate teaching and learning, including educational technology, equipment, and infrastructure.
- **Acquisition:** The process of procuring new learning facilities, services, or resources to meet the institution's needs.
- **Management:** The oversight and administration of learning facilities and services, including inventory management, maintenance, and scheduling.
- **Assessment:** The evaluation of learning facilities and services to measure performance, effectiveness, and user satisfaction.
- **Improvement:** The process of enhancing learning facilities and services based on assessment findings and stakeholder feedback.

OBJECTIVES

- To establish a framework for ensuring the quality of learning facilities and services that meet the academic needs of students and faculty within the BCS program.

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- To effectively manage and allocate resources for classrooms, laboratories, libraries, and online platforms to maximize their utility and accessibility.
- To implement regular assessments of learning facilities and services to identify areas for improvement and enhance overall educational outcomes.
- To involve stakeholders, including students, faculty, and administrative staff, in the evaluation and enhancement of learning facilities and services to align with their needs and expectations.
- To ensure that all learning facilities and services comply with relevant educational standards, regulations, and institutional policies
- To provide training and development opportunities for faculty and staff in the effective use and management of learning facilities and services.
- To establish a systematic feedback mechanism that allows stakeholders to share their experiences and suggestions for improvement regarding learning facilities and services.
- To promote the integration of modern technologies in learning facilities and services to support innovative teaching and learning practices.

Strategic Framework for Learning Facilities and Services

1. Library Services

- Library resources are requested through the "Books Requirement & Software Request" forms filled out by course coordinators.
- The form is then reviewed and approved by the Academic Coordinator and the Department Head before being submitted to the Knowledge Resource Department for acquisition.

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2. Online Learning Resources

- Online resources are integrated into the curriculum based on the needs assessment by the Program Coordinator and Curriculum Review Committee.
- Virtual learning platforms are maintained by Technical Staff to ensure access to digital resources and tools.

3. Course Materials and Resource Access (Offline/Online)

- Faculty members determine the course materials necessary, which are then acquired and provided either physically or digitally through university platforms.
- Students are informed about how to access materials during orientations and through information sessions.

4. Technology and IT Support

- Technical support is provided by the dedicated Technical Support Staff who manage the hardware, software, and infrastructure in labs and classrooms.
- Regular training sessions are conducted for faculty and students on how to utilize these technologies.

5. Tutoring

- Tutoring services are managed by faculty members and student assistants. These services may be provided in person or online, depending on the need.

6. Academic Advising and Counseling

- Student Advisors provide personalized academic counseling; guiding students in course selection and helping them navigate academic policies.
- Advisors also assist students in resolving academic concerns.

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7. Extracurricular and Enrichment Programs

- These programs are overseen by faculty and student affairs. Students are encouraged to participate in enrichment programs such as workshops, competitions, and collaborative projects to enhance their learning experience.

8. Career Services and Job Placement Support

- Career counseling is provided through advisory boards that engage students with industry trends.
- Faculty and advisory boards work together to create internship and job placement opportunities for students

9. Laboratory and Research Facilities

- Labs are designed based on the needs assessment, with necessary equipment and software provided by the Curriculum Review Committee and Technical Staff.
- Regular evaluations are conducted to maintain up-to-date and fully functional facilities.

10. Workshops and Training Sessions

- Workshops are conducted by faculty members and external professionals, focusing on skill development and practical training related to students' courses.

11. Study Rooms and Collaborative Platforms

- Study rooms and collaborative spaces are created based on the strategic goals of the department.
- Virtual collaborative platforms are maintained for group work and remote learning projects.

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12. Support for Special Needs (Physically Challenged)

- Special needs accommodations are managed by the Student Affairs office and supported by the technical team to ensure accessible learning environments.

13. Event and Conference Facilities

- Event spaces are coordinated and reserved through the Facilities Management team for workshops, conferences, and academic events related to the BCS program.

14. Stakeholder Involvement:

- **Identification of Stakeholders:** The stakeholders involved in the decision-making process will include:
 - **Faculty:** Teachers, instructors, and academic staff who directly interact with students and are integral to curriculum delivery.
 - **Administration:** School leadership, including deans, department heads, who are responsible for overseeing operations and ensuring policies are aligned with institutional goals.
 - **Students:** Primary users of facilities and services, whose needs and feedback will drive improvements.
 - **Support Staff:** Non-academic staff, such as facilities management and IT support, who help maintain the operational environment.

15. Engagement Process:

- **Consultation and Needs Assessment:** Regular surveys, focus groups, and meetings with stakeholders to assess their needs, preferences, and concerns.
- **Collaborative Decision-Making:** Stakeholder input will be solicited at key stages of decision-making, ensuring that all voices are heard, particularly in the planning and implementation phases of projects.

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- **Feedback Loops:** A formal mechanism (e.g., surveys, digital platforms) for continuous feedback to ensure stakeholders can voice their opinions on ongoing initiatives.

16. Facility Management

- **Maintenance:**
 - **Routine Maintenance:** Schedule regular inspections and preventive maintenance for laboratories.
 - **Upgrades:** Ensure facilities are regularly updated to meet evolving educational needs, incorporating feedback from faculty and students.
- **Safety Standards:**
 - **Compliance with Local Laws:** Adhere to all local, state, and federal safety regulations, including fire codes, building codes, and health and safety protocols.
 - **Training:** Provide ongoing safety training for staff and faculty, including first aid, fire safety, and evacuation procedures.
 - **Emergency Equipment:** Ensure that fire extinguishers, first aid kits, and emergency lighting are regularly inspected and accessible.
- **Accessibility:**
 - **Compliance:** Ensure all facilities are in compliance local accessibility laws.
 - **Inclusive Design:** Incorporate universal design principles, such as ramps, elevators, accessible restrooms, and clear signage, to create an inclusive environment for students, faculty, and staff.
 - **Assistive Technology:** Provide specialized equipment and technology to support students with disabilities (e.g., screen readers, adaptive software, and hearing loops).

17. Service Management

- **Quality Assurance:**

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- **Service Standards:** Define clear, measurable standards for all services provided, such as IT support and library services. For example, IT support should have a defined response time for troubleshooting.
- **Regular Audits:** Conduct periodic audits of services to ensure compliance with established standards and identify areas for improvement.

18. Feedback Mechanisms:

- **Surveys and Feedback Forms:** Distribute regular surveys to users of services to gauge satisfaction and gather suggestions for improvement.
- **Focus Groups:** Organize focus groups with students, faculty, and staff to gather qualitative feedback on specific services or initiatives.
- **Digital Platforms:** Provide a digital portal where users can rate services, submit issues, and track resolutions.

19. Continuous Improvement:

- **Data-Driven Decision Making:** Use feedback, service metrics, and performance data to make informed decisions for ongoing improvement.
- **Training and Professional Development:** Regularly update staff training and development programs to ensure service providers stay current with best practices and new technologies.

20. Documentation and Record-Keeping

- **Policy Documentation:**
 - **Centralized Repository:** Establish a digital repository for all institutional policies, procedures, and guidelines to ensure easy access and version control.
 - **Policy Review:** Implement a process for regularly reviewing and updating policies to ensure they remain current and aligned with institutional goals and regulatory requirements.

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- **Transparency:** Make key policies publicly available to students and staff, ensuring clarity around expectations and processes (e.g., academic integrity, conduct codes, facility usage).

ROLES, RESPONSIBILITIES TO LEARNING RESOURCES:

- **Program Coordinator** – Oversees implementation of policies and resource allocation.
- **Curriculum Review Committee (CRC)** – Assesses and integrates technologies and resources.
- **Faculty Members** – Contribute to resource requests and curriculum improvements.
- **Technical Support Staff** – Provide IT and technical support for learning facilities.
- **Quality Assurance Committee** – Monitors effectiveness of policies and facilities.
- **Advisory Board** – Offers industry insights and curriculum enhancement suggestions.
- **Student Advisors** – Provide academic counseling and support.
- **Students Affairs** – Manage student-related academic records and policy enforcement.

POLICY AND PROCEDURES:

Policy:

The purpose of this policy is to ensure that the learning facilities and services provided within the Bachelor of Computer Science (BCS) program support the academic and professional development needs of students and faculty. This policy applies to all learning facilities and services directly associated with the BCS program. This policy shall be reviewed annually by the BCS program committee to assess its effectiveness and relevance. Amendments may be proposed as necessary to reflect changes in technology or student needs.

Procedures:

1. **Needs Assessment:** The Program Coordinator, Quality Assurance Unit and Curriculum Review Committees are responsible to conduct a thorough needs assessment to understand the requirements

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of the BCS program. This can involve surveys, interviews with faculty and students, analysis of current facilities and services, and benchmarking against other similar programs.

2. **Identify Learning Objectives:** The Program Coordinator, Curriculum Review Committee, Faculty member and the technical staff determine the specific learning objectives that the facilities and services should support. These might include hands-on programming practice, collaborative project work, access to specialized software and hardware, and opportunities for research and innovation.
3. **Design Facilities:** The Program Coordinator, Curriculum Review Committee and Technical Staff, based on the needs assessment and learning objectives, design the physical and virtual learning spaces. This could include computer labs, maker spaces, collaboration areas, study rooms, and online platforms for remote learning and collaboration.
4. **Equip Facilities:** The Program Coordinator, Faculty members and Curriculum Review Committee equip the facilities with the necessary hardware, software, and infrastructure to support the learning objectives. This might involve purchasing computers, servers, networking equipment, software licenses, and other tools and resources.
5. **Train Staff:** The Technical Staff provide training and support for faculty and student assistants who will be involved in managing and supporting the learning facilities and services. This could include training on how to use equipment and software, troubleshooting technical issues, and providing assistance to students.
6. **Develop Support Services:** The Technical Staff and Faculty members establish support services to help students make the most of the learning facilities and services. This could include technical support, tutoring and mentoring programs, academic advising, career counseling, and disability services.
7. **Promote Awareness:** The Technical Support and Faculty members, promote awareness of the learning facilities and services among students, faculty, and other stakeholders. This could involve orientations, workshops, information sessions, marketing materials, and online communication channels.
8. **Evaluate and Improve:** The Quality Assurance Unit, Curriculum Review Committee and the Faculty members continuously evaluate the effectiveness of the learning facilities and services in meeting the

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needs of the BCS program. Collect feedback from students and faculty, analyze usage data, and identify areas for improvement. Use this feedback to make adjustments and enhancements to the facilities and services as needed.

9. Procurement Procedure:

- The task of acquiring resources has been assigned to a Resource unit.
- All course coordinators receive an email with a form titled "Books Requirement & Software Request," which asks them to complete in order to request the newest editions of books and software that are relevant to their courses.
- Following receipt of the course coordinators' responses, the Resource and Computer Lab Administration units will gather the necessary resources with the bill and provide them to the Academic Coordinator for approval.
- The Academic Coordinator will examine and offer recommendations if any adjustments are required.
- The Academic Coordinator will approve it before forwarding it to the Department Head.
- It is sent to the Knowledge Resource Department, who will take care of resource acquisition, following Department Head assessment and approval.

10. Routine Assessment Procedure:

- **Set Objectives**
 - Define goals and key performance indicators (KPIs) for assessment.
- **Establish Criteria**
 - Develop specific criteria and benchmarks for evaluation.
- **Create Assessment Tools**
 - Design surveys, checklists, and data collection methods.
- **Conduct Assessments**
 - Schedule regular assessments, gather feedback, and collect data.
- **Analyze Data**
 - Review data, identify trends, and compare against benchmarks.
- **Report Findings**

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- Summarize results and provide actionable recommendations.
- **Implement Changes**
 - Develop action plans based on recommendations and adjust resources.
- **Review and Refine**
 - Evaluate the impact of changes and continuously improve the assessment process.
- **Document and Archive**
 - Record all findings and actions for future reference.

11. APPROVAL AND AUTHORIZATIONS:

12. Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	Ms. Rubeena (SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
<u>SOP Committee</u>	<u>[Initial Release Ver-001, Dated 23-AUG-2015]</u>	<u>000</u>	<u>25-AUG-2015</u>
Mr. Raj Kumar Masih	[Ver_ 001, Dated 14-Feb-2023]	001	14-FEB-2023
Ms. Rubeena	[Ver_ 002, Dated 08-Oct-2024]	002	08-OCT-2024

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Policies & Procedures

Documents Control

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1. Purpose

The purpose of this SOP is to ensure the consistent, accurate, and efficient management of organizational documents while maintaining compliance with regulations and standards. This SOP establishes clear guidelines for document creation, review, approval, and distribution, promoting accessibility for authorized personnel while protecting sensitive information. By defining roles and responsibilities, these policies enhance accountability, facilitate collaboration, and enable effective version control, ultimately supporting knowledge retention and fostering a culture of continuous improvement within the organization.

2. Scope

This procedure applies to all employees of department of Computer Science responsible for creating, reviewing, approving, distributing, and maintaining controlled documents. It covers all program-related documents, including policies and procedures, Program Specification, Course Report, Annual Program Report Preferred back reports, etc.

3. Roles

- **Standard Operative Procedures (SOP):** The SOP committee responsible for drafting, reviewing, proposing revisions to documents, updating document status, ensuring only the latest version is accessible, and archiving old versions.
- **Quality Assurance Unit (QAU):** The committee is responsible to identify the resource personnel or dignitaries to request and collect all the required documents from the various committees to satisfy the need of the relevant standards.
- **QAU Standard Owner (QAUSO):** The members of the QAU committee who are responsible one or more standards to fulfil the requirements of documents to serve as proof of the existence of the standard's activities. These members are ultimately responsible for reviewing documents for accuracy, consistency, and compliance with regulatory and relevant standards.
- **Head of the Department (HOD) / Chief Executive Officer (CEO):** These authorities have the right to approve the document for use and ensure that it meets all necessary requirements.
- **Reviewer:** The reviewer of the SOPs (The former Head of FSOPH), who reviews and bring document to the approval state.

4. Responsibilities:

- **Document Control:** The process of managing documents to ensure they are current, consistent, and compliant with relevant standards like NCAAA, ABET, ACM and DAD Guidelines.
- **Controlled Document:** Any SOP / QAU document that is subject to revision control and must be maintained in a controlled manner to ensure its integrity.
- **Revision:** The act of updating or modifying a SOP document.

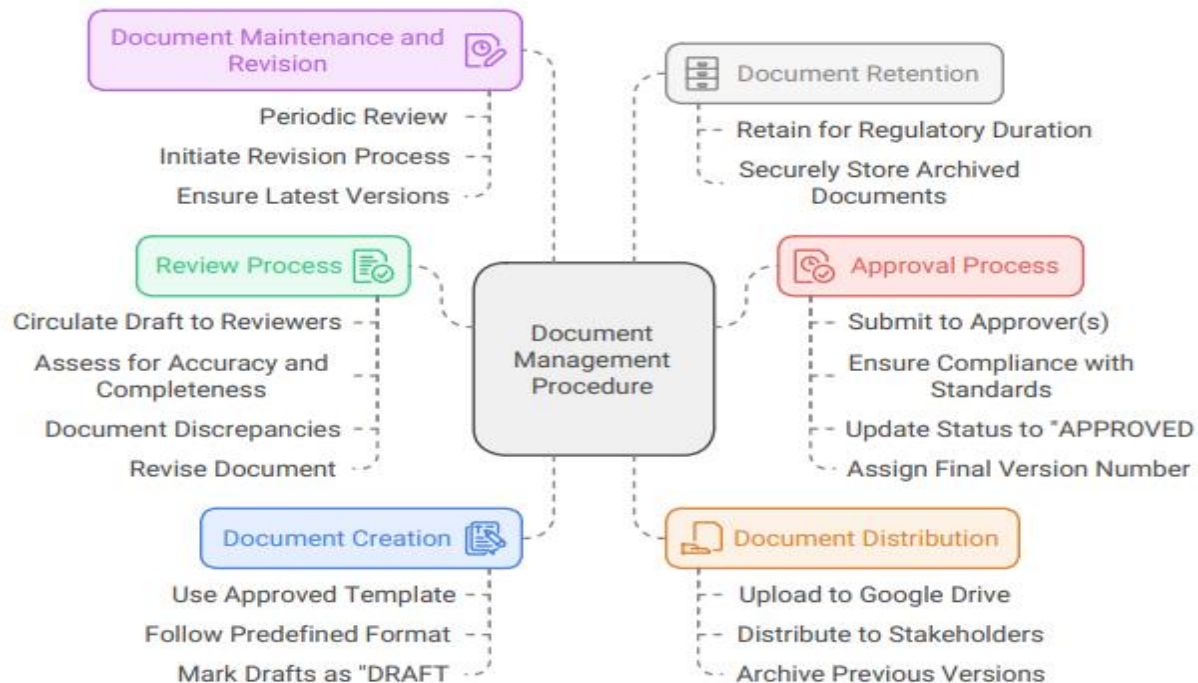
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5. Procedure

Implementing effective documents control policies and procedures is crucial for ensuring that all organizational documents are properly managed. The below given figure shows the comprehensive outline of the procedure.



5.1 Document Creation

1. The documents are created by a committee, individual department or its members. Also, the documents are created by the SOP committee to meet the need of the QAU (where it is applicable).
2. All documents must follow the predefined format, including:
 - o Document title
 - o Effective date
 - o Author and approval of HOD
 - o Table of contents (if applicable)
3. Drafts must be clearly marked as "DRAFT" until final approval is given.

5.2 Review Process

1. The requisition of document is raised by the QAUSO and is informed the SOP head.
2. The SOP Head circulates the draft to designated Reviewers (The former Head of the SOP) for feedback.

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3. There are different layers in reviewing process. The first level of reviewers is the QAUSO then the document is reviewed with the QAU head. Finally, the document is reviewed by the FSOPH for the accuracy, completeness, consistency, and compliance with relevant regulations for the policies.
4. Any discrepancies or inconsistencies must be documented and communicated to the SOP head.
5. The SOP head addresses all the members of the committee of SOP about the comments and revises the document as necessary.

5.3 Approval Process

1. Once the document is reviewed and revised, it is submitted to the HOD/CEO for final approval and signature.
2. The HOD/CEO ensures the document is free of discrepancies, follows relevant standards, and is consistent across all sections.
3. Upon approval, the document status is updated to "APPROVED" and a final version number is assigned.

5.4 Document Distribution

1. The SOP head ensures that the latest approved version is uploaded to the concerned google drive folder.
2. The SOP head distributes the document to the relevant stakeholders.
3. The SOP head archives previous versions in a secure location, ensuring they are not accessible for active use.

5.5 Document Maintenance and Revision

1. All documents are reviewed periodically (annually or as specified) by SOP committee to ensure they remain accurate and relevant.
2. When a revision is necessary, the SOP head initiates the revision process by updating the document and submitting it for review and approval.
3. The Document Controller ensures only the latest approved versions are available for use.

5.7 Document Retention

1. All SOP documents are retained for a year and then annually the updation status is obtained by communicating with the HOD/CEO or QAU head.
2. Archived SOP documents are stored securely and in a manner that ensures they are accessible for audits or historical reference.

6. Quality Assurance

1. Regular audits of the documents by the QAU is conducted to ensure compliance with this SOP and the elimination of discrepancies.
2. Any non-conformances identified during audits will be documented, and corrective actions will be implemented as needed.

Approved by



Dr. Fateh Ali Jeribi
Head of Department

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	(SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

Approved by

Dr. Fateh Ali Jeribi
Head of Department

Policies & Procedures

Program Revision Policy

Program Revision Policy

Approved by



Dr. Fathe Jeribi
Head of Department

1. Purpose: The purpose of this policy is to establish a structured and transparent cycle for the review and revision of programs to ensure continuous improvement, relevance, and alignment with organizational goals and stakeholder needs.

2. Scope: This policy applies to BCS program.

3. Review Cycle:

a) Annual Review:

- Program will undergo an annual review to assess its effectiveness and alignment with current goals and standards.
- This review will involve collecting and analyzing data, including performance metrics, participant feedback, and industry trends.
- A summary report will be generated, outlining findings and recommending any necessary adjustments.

b) Comprehensive Revision Every 5 Years:

- Every 5 years, a more in-depth evaluation will be conducted to assess the overall structure, content, and outcomes of the program.
- This revision will involve consultation with key stakeholders, including faculty, students, alumni, employers and external experts, to identify areas for significant improvement or redesign.
- A comprehensive revision plan will be developed, detailing specific changes, timelines, and resource requirements.

4. Roles and Responsibilities:

a) Program assessment committee (PAC):

- Oversees the review and revision process.
- Ensures that data collection and analysis are conducted effectively.
- Prepares and presents the summary report and revision plan to the relevant decision-making body.

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Dr. Fathe Jeribi
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b) Stakeholders:

- Provide input and feedback during both the annual review and comprehensive revision phases.
- Participate in consultations and discussions regarding potential changes.

c) Department Council:

- Approves proposed revisions and allocates necessary resources for implementation.
- Ensures that revisions align with organizational objectives and regulatory requirements.

d) College Council:

- College council discuss and approves the recommendations of department council.

5. Implementation of Revisions:

- Approved revisions will be implemented in accordance with the established timeline.
- A clear communication plan will be developed to inform all relevant parties of the changes and their implications.
- Training and support will be provided as needed to ensure a smooth transition to the revised program.

6. Monitoring and Evaluation:

- After revisions are implemented, ongoing monitoring will occur to evaluate the impact of the changes.
- Adjustments may be made based on real-time feedback and performance data.
- A post-implementation review will be conducted within six months to assess the success of the revisions.

7. Documentation:

- All reviews, revisions, and decisions will be thoroughly documented.
- Reports will be stored in a central repository for future reference and accountability.

Approved by



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Head of Department

PERIODIC PROGRAM REVIEW

A Periodic Program Review (PPR) is a thorough examination of the quality and standards of a program. All programs will have had experience of annual monitoring and the production of annual program and course reports. The PPR examines the program in greater depth, re-evaluating the need for it, checking on how effectively it is achieving its mission and objectives, and considering any changes which need to be made. In particular, an in-depth review of how the subject area has developed since the last program approval event provides an opportunity to update the program content, including the balance of courses offered. A PPR can be undertaken at any time but to coincide with the requirements for program re-accreditation by the NCAAA – one should be undertaken in the fourth year after its initial accreditation, and after that, on a five-year cycle. In this way the PPR report can become the basic resource for the external review for re-accreditation of a program.

A PPR report should be considered as a well-structured document on the quality of the program. It is primarily produced for the University itself as an important part of the process for quality assurance and improvement. It should include sufficient information to inform a reader who is unfamiliar with the University about the procedures followed and the evidence on which conclusions are based to have reasonable confidence that those conclusions are sound. It should be capable of being read as a complete self-contained report on the quality of the program. **(BCS Program QMS)**

The combination of annual monitoring and PPR are designed to ensure that all programs remain current and do not become dated. Figure 1 is the representation of the combined activity. A PPR should take due account of any professional standards relevant to the program as well as the standards for quality assurance and accreditation defined by the NCAAA including the National Qualifications Frameworks.

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Head of Department

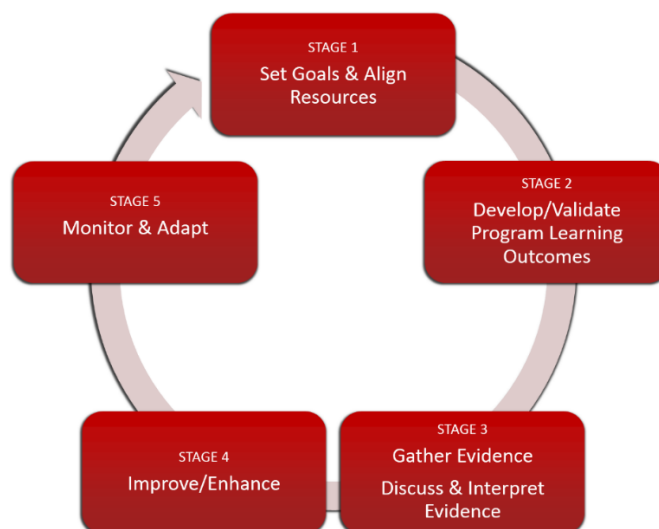


Figure 1: Periodic Program Review

Planning and Review Cycle

The quality assurance process should be applied at the level of courses and programs, and managed at the level of academic departments or colleges. Quality assurance and improvement must be integrated into an ongoing cycle of strategic planning, following-up, evaluation and review. While following-up should be continuous, there are usually two time periods for more formal calendars: an annual period where performance is monitored and adjusted where necessary, and a longer cycle where major adjustments are made periodically. These periodic evaluations should be planned to conform to the external audits performed by the department every five years.

Although this planning and review cycle is presented as a set of steps in a linear sequence at specific times, steps can be repeated or changed in a flexible manner in practice in response to feedback and changing circumstances. For example, a performance review can lead to the conclusion that targets need to be cleared, and then a new development plan is prepared. **(BCS Program QMS and Manual of developing and accessing students learning outcomes)**

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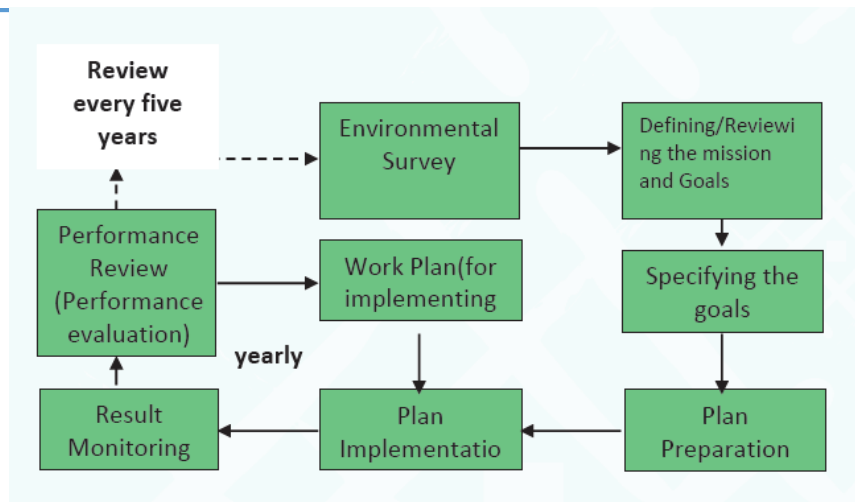


Figure 2: Review Cycle

We must recognize that these phases are related to a number of different levels of activity, such as the University as a whole, its academic and administrative units, individual programs, and department or college programs. Some steps have specific relevance in quality improvement planning. For instance, the initial environmental survey should evaluate performance and identify restrictions and development potential. SWOT analysis can aid planning after initial review.

Annual Planning and Review: The main development strategy is usually divided over a five-year period with implementation, following-up and adjustments during the annual work plan. The following recommendations might be used for both short-term strategies and long-term strategy phases.

Implementation: Taking notes during implementation helps keep track of progress and identify any deviations from the original plan. It is important to document any unanticipated issues or occurrences that may impact the interpretation of the data.

Monitoring results: Plan implementation requires continuous monitoring of results, with strategy tweaks made as needed in response to changing conditions or unmet goals. Reviewers, analysts, and planners should have access to a unique file that details any changes made to the strategy along with the reasoning behind them.

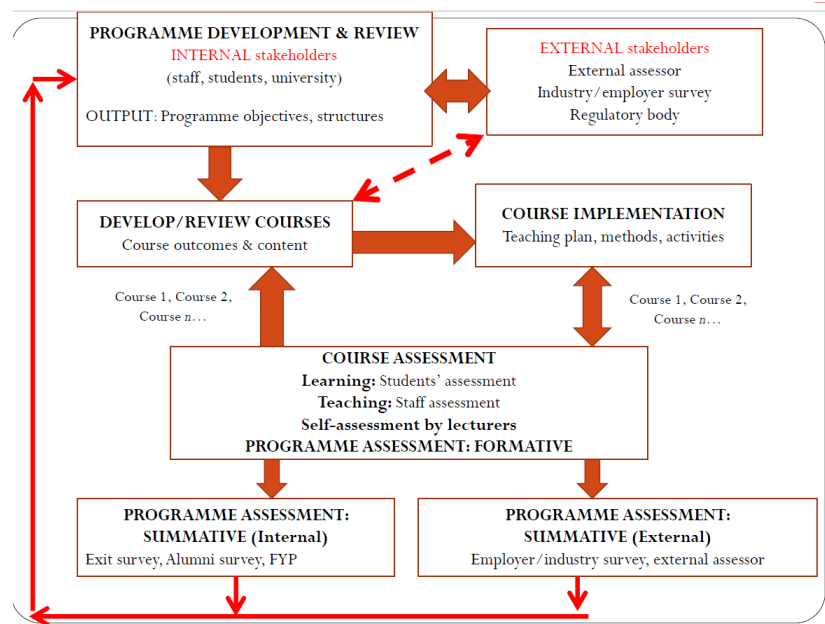
Performance evaluation: Performance evaluation is a crucial phase that should be formal and analyzes the plan and events during implementation to track success and make any necessary

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strategy or target changes. Brief performance appraisal observations can provide valuable information for longer-term evaluation.

Work plan: The action plan should include explicit phrasing for any adjustments in the initial plans for the next period based on the performance review. The term “work” implies particular recommendations and actions. Review those recommendations' implementation.



Periodic reviewing of the graduates’ attributes and learning outcomes

The graduates’ attributes and the program learning outcomes revision

- 1) Regularly provide feedback and conduct an accurate review of program operations to ensure their relevance and effectiveness.
- 2) In accordance with Jazan University policy for the periodic review of academic programs, the BCS Program has prepared the requisite documents detailing the quality planning and review process applicable to academic programs, which are submitted annually to the Deanship of Development and Quality.
 - The program specifications for defining the program development plans (using NCAAA templates), and includes the Program Learning Outcomes and graduates’ attributes.

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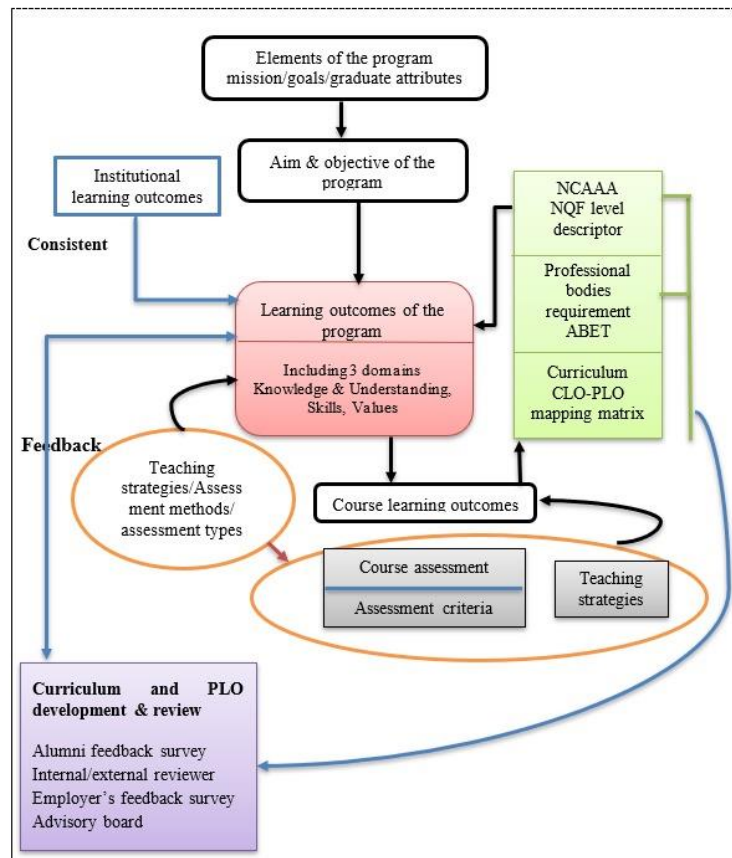
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- The courses specifications for each course using NCAAA templates, and including the Course Learning Outcomes.
 - The field experience specifications to determine planning, organizational arrangements and processes for evaluation.
 - The courses report that identifies what happened during the course, and provide a summary of the students' results.
 - The Program report, which includes the main information on the program delivery in the year concerned, and the achievements of the Program Learning Outcomes, with notes on any recommendations for improvement to be made to the specifications.
 - A report about the results and analyses of the key performance indicators.
 - The Annual Operational Plan of the Program.
 - The achievement report of the annual operational plan of the program.
- 3) The BCS Program's learning outcomes and graduate attributes have been reviewed multiple times since the College's establishment. This includes the transition from content-based to learning-outcome-based education, the development of the National Qualifications Framework's learning domains, and changes in professional needs. Furthermore, the PLOs are reviewed every five years in accordance with the University's quality assurance system for academic programs, which is now in use throughout all Jazan University programs. The Quality Unit and the Curriculum Committee have reviewed the graduation qualities and program learning outcomes. The achievements of the program's LOs are reported annually in the program's annual report, and in the report on the results of measuring graduate attributes and learning outcomes (PLO assessment report). The latest approved version of the program's LOs and graduate's attributes are publicized to the College's students through the program specification, and the College's manual.

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Mechanism for Revising Graduate Attributes and Learning Outcomes

1. Establish a Revision Cycle

- Conduct a comprehensive review of graduate attributes and learning outcomes every **5 years**.
- Conduct an annual assessment to address any current concerns or emerging patterns that may require modest adjustments. This review should be performed at regular intervals.

2. Identify and Engage Stakeholders

a. Internal Stakeholders:

- a. **Faculty:** Regular workshops and meetings with faculty members to assess and discuss current attributes and outcomes.
- b. **Students:** Conduct surveys and focus groups to gather input from current students regarding the effectiveness of the curriculum in meeting learning objectives.

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b. External Stakeholders:

- a. **Alumni:** Collect feedback from alumni on how well the program prepared them for the workforce or further studies.
- b. **Employer:** Consult with industry professionals and employers through surveys and meetings to ensure the program aligns with industry needs and trends.
- c. **Advisory Board:** Engage an advisory board composed of industry experts, academic professionals, and alumni to provide external perspectives on the revisions.

3. Data Collection and Analysis

- a. **Surveys and Feedback Forms:** Collect quantitative and qualitative data from students, faculty, alumni, and employers.
- b. **Focus Groups and Interviews:** To get in-depth perspectives, organize focus groups and interview important stakeholders.
- c. **Benchmarking:** Compare graduate attributes and learning outcomes with leading national and international BCS programs to identify best practices.
- d. **Job Market and Industry Trends Analysis:** Make sure the program stays relevant by regularly analyzing job market trends and developing technology.

4. Drafting Revisions

- a. **Compile Feedback:** Synthesize the data collected to identify strengths, weaknesses, and gaps in the current graduate attributes and learning outcomes.
- b. **Faculty Workshops:** Conduct workshops with faculty members to draft revisions that address identified gaps and align with program goals.
- c. **SMART Criteria:** Ensure that revised outcomes are Specific, Measurable, Achievable, Relevant, and Time-bound.

5. Review and Approval Process

a. Internal Review

- ✓ Present draft revisions to the program's curriculum committee for feedback and refinement.
- ✓ Engage in faculty discussions to finalize the revisions.

b. External Review

- ✓ Share proposed changes with the advisory board, industry partners, and accreditation bodies for external validation.

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- ✓ Make adjust based on external feedback.

Final Approval: Submit the finalized revisions to the academic board (department council and college council) or other relevant institutional authority for official approval.

6. Implementation

- a. **Curriculum Updates:** Revise course content, teaching methods, and assessment strategies to align with the updated graduate attributes and learning outcomes.
- b. **Faculty Development:** Provide training and resources to faculty to support the integration of the revised outcomes into their teaching.
- c. **Communication:** Communicate the changes to all stakeholders, including current students, faculty, and alumni, through the program's website, newsletters, and informational sessions.

7. Monitoring and Continuous Improvement

- a. **Ongoing Evaluation:** Continuously assess the effectiveness of the revised outcomes through performance metrics, student feedback, and employer satisfaction.
- b. **Annual Adjustments:** Make minor adjustments between major review cycles based on ongoing feedback and evaluation results.
- c. **Feedback Loop:** Establish a feedback loop where data from the ongoing evaluation informs the next cycle of revisions.

8. Public Disclosure

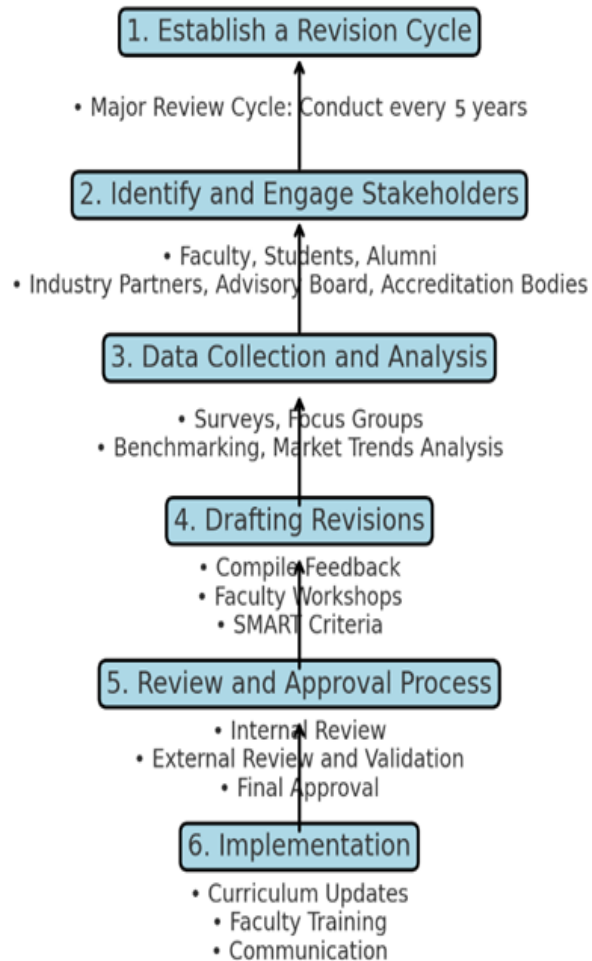
- a. **Transparency:** Publish the revised graduate attributes and learning outcomes on the program's website, along with a summary of the revision process and rationale for the changes.
- b. **Stakeholder Communication:** Share the revisions and the reasoning behind them with all stakeholders via newsletters, emails, and public reports.
- c. **Documentation:** Maintain detailed records of the revision process, including stakeholder input and decision-making, to ensure transparency and accountability.

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Head of Department

Mechanism for Revising Graduate Attributes and Learning Outcomes Bachelor in Computer Science (BCS) Program



Approved by

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Table 1 : Stakeholder Surveys		
Name of Survey	Timeline of Survey	Respondents
Course Evaluation Survey	At the end of first semester	Students of all levels
University Experience Survey (Mid-Level Students)	At the beginning of second semester	Level 5 or 6 Students
Program Evaluation Survey (Final Level Survey)	At the beginning of second semester	Level 10 Students
Exit Student Survey for Student Learning Outcome Evaluation	At the end of first semester	Level 10 Exit Students
Employer Survey for Student Learning Outcome Evaluation	At the beginning of second semester	Employers
Alumni Surveys for Student Learning Outcome Evaluation	At the beginning of second semester	Alumni
Employer Survey	During first semester	Employers
Alumni Survey	During first semester	Alumni
Faculty Satisfaction Survey	At the end of second semester	Faculty members
Learning Resources and IT Services Survey	At the end of second semester	Students, Faculty members
Leadership Survey	At the end of second semester	Faculty
Employee Satisfaction Survey	At the end of second semester	Employees

8. Continuous Improvement:

- The program revision cycle is part of a broader commitment to continuous improvement.
- Feedback loops will be established to ensure that the program remains dynamic and responsive to emerging needs and challenges.

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	(SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

Approved by

Dr. Fathe Jeribi
Head of Department



Policies & Procedures

Management of Learning Resources and Reference Material



Approved by



Dr. Fathe Jeribi
Head of Department

Management of Learning Resources and Reference Materials

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Dr. Fathe Jeribi
Head of Department

Management of Learning Resources and Reference Materials

1. OVERVIEW

Effective procedures for managing resources and reference materials involve several key steps to ensure accessibility, organization, and usefulness. Begin by understanding the specific requirements and needs of your organization or project. Identify what types of resources and reference materials are necessary to support the work being done. Once needs are understood, identify relevant resources and reference materials. This can include physical items such as books, documents, and equipment, as well as digital resources like databases, websites, and software.

Procure the identified resources through purchase, subscription, or licensing agreements. Ensure that acquisition processes comply with organizational policies and budget constraints. Develop a system for organizing resources in a logical and intuitive manner. This may involve categorizing materials by subject, format, or relevance to specific projects or departments. Use consistent naming conventions and metadata tagging to facilitate easy retrieval.

Establish a centralized repository or database where resources can be stored and accessed by relevant personnel. Consider using cloud-based solutions for easy access from multiple locations and devices. Implement access controls to protect sensitive or proprietary materials. Create descriptive metadata for each resource to facilitate search and retrieval. Include relevant information such as title, author, publication date, keywords, and abstract. Maintain accurate records of resource usage and circulation.

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Regularly review and update resource materials to ensure accuracy and relevance. Remove outdated or obsolete materials, and replace them with newer versions or alternative resources as needed. Monitor usage patterns and user feedback to inform decisions about resource management. Provide training and support to users on how to effectively access and utilize available resources. Offer guidance on search techniques, citation practices, and copyright compliance. Maintain a helpdesk or support system to address user inquiries and troubleshoot issues.

Periodically evaluate the effectiveness of resource management procedures and solicit feedback from users. Identify areas for improvement and implement enhancements to optimize resource accessibility and usability. Ensure that resource management practices comply with relevant laws, regulations, and organizational policies. Address copyright, licensing, and intellectual property rights to avoid legal issues and potential liabilities. By following these procedures, universities or organizations can effectively manage their resources and reference materials to support their objectives and enhance productivity.

2. PURPOSE & SCOPE:

The purpose of effective procedures for managing resources and reference materials is to ensure that organizations have the necessary tools and information readily available to support their operations, decision-making processes, and overall goals. These procedures aim to optimize the accessibility, organization, and utilization of resources and reference materials in a way that maximizes their value and minimizes inefficiencies.

The scope of these procedures encompasses various aspects of resource and reference material management, including:

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- a) **Acquisition and Procurement:** Procedures cover the process of identifying, acquiring, and obtaining necessary resources and reference materials through purchase, subscription, or other means.
- b) **Organization and Categorization:** They involve establishing a systematic approach to organizing and categorizing resources and reference materials in a logical and intuitive manner, ensuring easy retrieval and navigation.
- c) **Storage and Accessibility:** Procedures address the storage and accessibility of resources, including the establishment of centralized repositories or databases, implementation of access controls, and consideration of cloud-based solutions for remote access.
- d) **Documentation and Cataloging:** These include creating descriptive metadata for each resource, documenting relevant information such as title, author, publication date, and keywords to facilitate search and retrieval.
- e) **Training and Support:** They involve providing training and support to users on how to effectively access and utilize available resources, including guidance on search techniques, citation practices, and copyright compliance.
- f) **Evaluation and Feedback:** Procedures include periodic evaluation of resource management practices and solicitation of feedback from users to identify areas for improvement and optimization

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- g) **Compliance and Legal Considerations:** They address compliance with relevant laws, regulations, and organizational policies, including copyright, licensing, and intellectual property rights considerations.
- h) By implementing effective procedures for managing resources and reference materials, organizations can enhance productivity, decision-making processes, and overall operational efficiency while ensuring compliance with legal and regulatory requirements. These procedures contribute to the achievement of organizational objectives and the fulfillment of stakeholders' needs.

3. ROLES RESPONSIBILITIES AND COMMITTEE MEMBERS

The Standard Operating Procedures defines the roles and responsibilities for each position are as follows:

- a) **Dean and Vice Dean:** Approve follow-up procedures for the evaluation and action plan.
- b) **Department Chairperson (HOD):** Regularly review and update resource materials to ensure accuracy and relevance. Remove outdated or obsolete materials, and replace them with newer versions or alternative resources as needed.
- c) **Assistant Department Head:** Annually ensures that all resource materials have been updated and makes sure to remove the obsoleted ones.
- d) **Learning Resources Committee:** The members are responsible for inventory management, also they are responsible for ordering, receiving, and maintaining learning materials on department level.

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- e) **Departmental Secretary:** The departmental secretary is responsible for the official communication channel between faculties and the head of the department.

COMMITTEE MEMBERS

No.	Role of the Member
1	Dean
2	Vice-Dean
3	Department Chairperson (HOD)
4	Assistant Department Head (ADH)
5	Learning Resource Committee (LRC)
6	Departmental Secretary (DS)

4. POLICY AND PROCEDURES:

POLICY:

This policy offers effective methods for managing resources and reference materials and includes many critical components to guarantee accessibility, organization and usefulness. To begin, grasp your universities or organizations particular requirements and demands. Furthermore, what resources and reference materials are required to support the task being done in an organization or university. Once requirements of university have been identified, locate related resources and reference materials, which contains both tangible goods like books, records and equipment's and digital resources like databases, websites and software. Acquire the indicated materials through purchase, subscription or

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licensing arrangements. Ensure that acquisition processes are consistent with organizational policies and financial restrictions. In addition, create a method for organizing resources in a rational and understandable way, this might include categorizing resources by subject or format.

PROCEDURES:

Developing and implementing effective procedures for managing resources and reference materials involves several key steps and considerations. Here's a general outline of policies and procedures you might consider:

1. Needs Assessment

- A.** The faculty members and the ADH identify the resources and reference materials required for the organization's operations by generating an online form for requirement for acquiring the need of each and every faculty according to their requirement for the different labs and classroom.
- B.** The acquisition for procurement of the required need is then is assessed by the ADH and passed on the higher authority (Vice Dean), the further this assessed need is discussed with the HOD and finally the requisition is raised to the Dean for the acquisition for the specific needs of different departments or teams within the organization.

2. Inventory Management

- A.** The Inventory Management is headed by the ADH for acquiring, cataloging, and storing resources and reference materials.

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- B.** The LRC implements tracking inventory and usage of inventory management. This LRC member keeps track of each and every item of the departmental learning resources.
- C.** The LRC members are responsible for inventory management, also they are responsible for ordering, receiving, and maintaining learning materials on department level.

3. Resource Allocation

- A.** The criteria for prioritizing resource allocation based on organizational goals and objectives is handled by the HOD.
- B.** The procedures for requesting resources and obtaining approval for their use, starts from the faculty member and the request goes to the HOD and then this process is passed onto the Dean for further final approval.
- C.** The faculty members under the LRC are made responsible to monitor resource utilization to ensure efficient allocation and identify opportunities for optimization.

4. Access and Retrieval

- A.** The guidelines are created for accessing and retrieving reference materials, whether physical or digital by the LRC.
- B.** The LRC is organizing and categorizing materials to facilitate easy retrieval.
- C.** The official mails are given by DS on how to effectively locate and use available resources.

5. Maintenance and Update

- A.** The LRC keeps regular maintenance schedules for updating and reviewing reference materials and keeping reference materials up to date and accurate.

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- B.** The HOD and Vice-Dean (Academy) made an annual procedures for archiving outdated or obsolete materials and replacing them with current versions.

6. Security and Confidentiality

- A.** The DS has an additional archive room beside the HOD office to safeguard sensitive or confidential materials.
- B.** The DS keeps the sensitive and confidential material under lock and key. Only he himself has an access to certain resources, so did the other committees.
- C.** The HOD makes aware to the faculties in the beginning of the Academic year to maintaining confidentiality and complying with security protocols.

7. Training and Documentation

- A.** The LRC provide training to staff on the use of resources and reference materials.
- B.** The LRC has developed the user guides or manuals to serve as reference materials for staff and procedures for managing resources and reference materials for future reference.

8. Continuous Improvement

- a)** The LRC gathers feedback from staff on the effectiveness of resource management procedures. They regularly review and evaluate procedures to identify areas for improvement. Also, they implement changes based on feedback and evaluation findings to optimize resource management processes by following these steps and customizing them to fit our universities' specific needs.
- b) Review and Revision:**
SOP committee ensure that it remains up-to-date and reflective of current best practices. Annually they revise as necessary based on changes in assessment practices or institutional requirements.

Approved by



Dr. Fathe Jeribi
Head of Department

c) **Approval:**

This SOP is approved by College Dean/CS Head and is effective as of 08-10-2024.

5. Approval and authorizations:

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	Ms. Nusrat Hamid Shah (SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
<u>SOP Committee</u>	<u>[Initial Release Ver-001, Dated 23-AUG-2015]</u>	<u>000</u>	<u>25-AUG-2015</u>
Mr. Raj Kumar Masih	[Ver_001, Dated 14-Feb-2023]	001	14-FEB-2023
Ms. Nusrat Hamid Shah	[Ver_002, Dated 14-Oct-2024]	002	08-OCT-2024

Approved by

Dr. Fathe Jeribi
Head of Department



Policies & Procedures for Awards for Faculties



Approved by



Dr. Fathe Jeribi
Head of Department

Awards for Faculties

PURPOSE

The faculty awards procedures are designed to help all the faculties of the college to motivate and uphold by the college of Engineering and Computer Science.

SCOPE

This document is applicable to all the teaching faculty members employed to the program of college of Engineering and Computer Science.

DEFINITIONS

Faculty Award – Faculty awards are honors given to academic staff in recognition of their exceptional contributions, achievements, or performance in various areas such as teaching, research, service, and leadership. These awards aim to acknowledge and reward excellence, motivate continued high performance, and foster a positive and supportive work environment within the institution.

Roles and Responsibilities

Dean of the College - The top management of the college who approves the policies and procedures and heading the college council.

HOD / CEO – The leadership who implements the assessment procedures.

Head QAU – The leadership of QAU generates the requirement of the policies according to the standards and the request is raised to the Head of SOP.

Head SOP: To keep track of the requirement and acquisition of policies as required by the QUA.

Faculty: The members of the department those who work, teach and implement the QAU and SOPs.

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Head of Department

Excellence Unit (EU): The department has the “Excellence Unit”, who selects the faculties for the following awards based on several categories. This committee do not disclose their names list to the faculties but rather it is a surprise call in the meeting.

1) Best Faculty Award:

Purpose: The purpose of this award is to motivate for the extra hard work they put in the department.

Award types: Certificate

Selection Criteria:

- i. selection of online Edugate student survey report.
- ii. selection by the Excellent Unit.
- iii. selection the Head of the department.
- iv. selection by the Committees’ achievements.
- v. involvement of the faculties in co-curricular and extra-curricular activities.

Award Frequency: The awards are distributed every end of the academic year.

Method of publishing/displaying winner’s details: The winners are kept undisclosed and distributed as a surprise.

2) Extra-ordinary contribution Awards:

Purpose: The purpose of this award is to motivate for their extra-ordinary contribution for the department.

Award types: Certificate

Selection Criteria: This award is given to the faculties who are given the multiple long-distance colleges for teaching, such as Al-Haque, Sabya etc.

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Head of Department

Award Frequency: The awards are distributed every end of the academic year.

3) Special Achievement Awards:

Purpose: The purpose of this award is to motivate and pay respect for their special achievement for the department.

Award types: Trophy

Selection Criteria: This award is given to the faculties those who have achieved special designation or title in or out of the college or university with their special hard work.

Award Frequency: The awards are distributed every end of the academic year.

4) Researcher's Award:

Purpose: The purpose of this award is to motivate the faculty towards research for the department.

Award types: Certificate

Selection Criteria: The research awards are given to the emerging researchers in the department.

1. Number of research paper published in SCI journals with impact factors.
2. Patents filled.
3. Research papers presented in the conferences and published.
4. Involvement in funded research projects.

In addition, the monetary benefits provided by the university for research papers, the department presents certificates to faculty members for outstanding research. The research unit is responsible for tracking these achievements and awarding them at the end-of-academic year.

Award Frequency: The awards are distributed every end of the academic year.

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Head of Department

5) Distinguished Award for Retiring / Departing Faculty –

Purpose: The purpose of this award is to recognize the efforts of the faculty they put in the department during their tenure.

Award types: Certificate

Selection Criteria: This award is awarded to the retiring or departing faculties for the contribution to the department services. The EU keep a track to such faculty with the communication with head of the department HOD.

Award Frequency: The awards are distributed every end of the academic year.

Procedures:

At the end of the Academic year the departmental meeting take place to formally end the Academic year.

The following certification/Trophy is awarded to the faculty members.

The EU members prepare the list of the proposed faculty members for their certification award. The list of faculties remains undisclosed for their surprise. Soon before the final examination the ceremony to end the Academic year, the meeting is arranged, where the head of the department address and thank the faculties for their contribution throughout the Academic year, and then the award ceremony takes place. The following certificates or trophies are awarded according to the faculties' achievements or performance.

- 1) Best Faculty Award:
- 2) Extra-ordinary contribution Awards:
- 3) Special Achievement Awards:
- 4) Researcher's Award:
- 5) Distinguished Award for Retiring / Departing Faculty:

Approved by



Dr. Fathe Jeribi
Head of Department

Continuous Evaluation:

Continuously evaluate the effectiveness of the assessment method over time and make adjustments as needed to maintain its quality and validity.

a) Review and Revision:

Review this SOP periodically to ensure that it remains up-to-date and reflective of current best practices. Revise as necessary based on changes in assessment practices or institutional requirements.

b) Approval:

This SOP is approved by College Dean/CS Head and is effective as of 13-08-2024.

Approval and authorizations:

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	Mr. Raj Kumar Masih (SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

REVISION HISTORY

AUTHOR	REVISED SECTION/PARAGRAPH	REV	RELEASED
<u>SOP Committee</u>	<u>[Initial Release Ver-001, Dated 23-AUG-2015]</u>	<u>000</u>	<u>25-AUG-2015</u>
Mr. Raj Kumar Masih	[Ver_001, Dated 14-Feb-2023]	001	14-FEB-2023
Mr. Raj Kumar Masih	[Ver_002, Dated 08-Oct-2024]	002	08-OCT-2024

Approved by

Dr. Fathe Jeribi
Head of Department



Standard Operating Procedures
for
Mechanism for Leadership Preparation and
Nomination



Approved by

Dr. Fathe Jeribi
Head of Department

Mechanism for Leadership Preparation and Nomination

1. **Purpose:** This documents serves as a guideline to elect a leader from the department. The mechanism of Leadership is an important process and activity.
2. **Scope:** This documents has its scope for the college of Engineering and Computer Science, and the department of Computer Science.

3. Roles and Procedure:

1) Leadership Development Program (LDP):

- a) **Purpose:** To prepare potential leaders through training, mentoring, and hands-on experience.
- b) **Procedure:**
 - i. A faculty member must have completed at least two years of service at the College after being appointed as an Assistant Professor to be eligible for the position of Head of the Department.
 - ii. The Head of the Committee should be a Doctoral Assistant.
 - iii. It is preferable that the Head of the Committee have spent at least one year working at the College after obtaining a degree of doctoral.
 - iv. It is preferable that the Head of the Committee have work as a member in that Committee.
 - v. The members of any committee must hold either a Master's or PhD degree.

2) Leadership Preparation:

- a) **Purpose:** To provide foundational knowledge in essential leadership skills
 - **Training: Build Essential Leadership Skills**
 - i. Participate in scheduled training sessions focused on leadership skills.
 - ii. Understand how to manage resources, organize tasks, and handle team dynamics.

Approved by



Dr. Fathe Jeribi
Head of Department

- iii. Learn how to set long-term goals, develop action plans, and monitor progress.

- **Mentorship**

- i. Each participant is matched with a mentor who has leadership experience in the Program.
- ii. Meet with your mentor on a regular basis to discuss your goals, progress, and any challenges you face.

- **Hands-on Experience**

- i. Take the lead on a departmental task or join a committee where you can practice making decisions and managing a team.
- ii. Plan and organize events, such as academic workshops or community outreach programs, to gain practical experience.

3) **Nomination Pool Creation:**

- a) **Purpose:** Identify potential candidates for leadership roles based on performance in the Leadership Development Program and other criteria.

- b) **Procedure:**

- i. **Eligibility Review:** Only faculty members who have completed the Leadership Development Program or have demonstrated significant leadership potential are considered.
- ii. **Comprehensive Evaluation:** Candidates undergo evaluation in four core areas:
 - ii. **Educational Process:** Teaching performance based on faculty evaluation models.
 - iii. **Scientific Research:** Research output and impact based on the faculty evaluation system.
 - iv. **Administrative Participation:** Involvement in departmental and faculty committees.
 - v. **Community Service:** Contributions to community service and volunteer work.

4) **Leadership Readiness Evaluation**

- a) **Purpose:** Assess candidates based on leadership qualities to ensure readiness for leadership roles.

Approved by



Dr. Fathe Jeribi

Head of Department

b) **Procedure:**

- i. **Initiative:** Ability to take proactive actions and lead tasks independently.
- ii. **Responsibility:** Accountability and the ability to handle challenges.
- iii. **Planning & Implementation:** Capacity to devise and execute plans effectively.
- iv. **Team Collaboration:** Ability to work well with teams, promote cooperation, and maintain harmony.
- v. **Tolerance & Equity:** Demonstration of fairness, impartiality, and a balanced approach to conflict.

5) **Assessment Tools:**

Purpose: The assessment tools are required to assess the leader, we have some tools which are applied for the following criteria-

- a) **Performance Reviews:** Evaluations from previous committee work, projects, or subcommittees.
- b) **Peer and Supervisor Feedback:** Feedback from colleagues, supervisors, and team members through a 360-degree evaluation.

6) **Nomination Process**

- a) **Purpose:** Transparent and merit-based nomination of leaders for committee head roles.
- b) **Procedure:**
 - i. **Open Call for Nominations:** The nomination committee announces open positions for committee heads, encouraging eligible faculty members from the nomination pool to apply.
 - ii. **Self or Peer Nomination:** Candidates can nominate themselves or be nominated by their peers or supervisors.
 - iii. **Review by Nomination Committee:** The committee (composed of senior leaders) reviews the application based on prior performance, evaluations, and leadership readiness.
 - iv. **Final Decision:** The Nomination Committee makes the final decision based on objective evaluation and interviews.

Approved by



Dr. Fathe Jeribi
Head of Department

7) Rotation and Succession Planning

a) **Purpose:** Ensure leadership continuity and development of future leaders.

b) **Procedure:**

- i. **Term Limits:** Establish term limits minimum Two Years for committee heads to ensure rotation and prevent stagnation.
- ii. **Succession Mentorship:** Outgoing leaders' mentor incoming leaders to ensure smooth transitions and knowledge transfer.
- iii. **Continuous Development:** Committee heads are encouraged to continue leadership development through advanced training and further responsibilities.

8) Monitoring and Feedback

a) **Purpose:** Ensure the effectiveness of leaders and refine the nomination process.

b) **Procedure:**

a) **Annual Reviews:** Leaders are evaluated annually based on their performance in education, research, administration, and community service.

b) **Feedback Mechanism:**

- i. Incorporate a feedback loop where committee members can provide input on their leader's performance.
- ii. The performance of the Committee Head is evaluated by HOD based on the committee's activities throughout the academic year and feedback from its members using Faculty Appraisal Form.
- iii. The performance of a Committee member is evaluated by the Committee Head using the Faculty Appraisal Form.
- iv. Leaders receive ongoing support, resources, and feedback to help them grow and improve.

Approved by



Dr. Fathe Jeribi
Head of Department

Continuous Evaluation:

Continuously evaluate the effectiveness of the assessment method over time and adjust as needed to maintain its quality and validity.

a) Approval:

This SOP is approved by College Dean/CS Head and is effective as of 24-08-2024.

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	Mr. Aasif Aftab (SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
Mr. Aasif Aftab	[Ver_001, Dated 15-Oct-2024]	001	

Approved by



Dr. Fathe Jeribi
Head of Department



Standard Operating Procedures

for

Verifying the Quality and Validity of Assessment Methods with Public Disclosure



Approved by



Dr. Fathe Jeribi
Head of Department

Verifying the Quality and Validity of Assessment Methods with Public Disclosure

1. Purpose

The purpose of this Standard Operating Procedure (SOP) is to:

- Establish a systematic approach for verifying the quality and validity of assessment methods used in evaluating performance, knowledge, or skills for the Computer Science/IT program.
- Ensure that all assessment tools and techniques meet high standards of accuracy, reliability, and fairness, thereby supporting objective and meaningful evaluations.

Verifying the quality and validity of assessment methods is crucial for several reasons. First, it guarantees that the assessments accurately measure what they are intended to measure, reducing the risk of biased or erroneous results. Second, it ensures that the assessments are reliable, providing consistent outcomes over time and across different groups of participants. By adhering to these standards, we maintain the credibility of the assessment process, promote fairness, and foster trust among stakeholders, including participants, educators, evaluators, and the broader public.

Public disclosure plays a significant role in enhancing the transparency of the verification process. By openly sharing the methodology, validation outcomes, and limitations of the assessment methods, we demonstrate accountability and commitment to continuous improvement. Public transparency fosters trust, encourages stakeholder engagement, and strengthens the integrity of the assessment process, ensuring that the methods are not only effective but also subject to scrutiny and feedback for future refinement.

2. Scope

This SOP applies to all assessment methods used for evaluating performance, knowledge, or skills within the **department of computer science**.

This SOP is relevant to all programs and their faculty members involved in the development, administration, evaluation, and oversight of assessment methods. The primary stakeholders include:

- **Curriculum Development Committee:** Responsible for creating and implementing assessment tools.
- **Teaching Faculty members:** Responsible for administering assessments and interpreting results.
- **Quality Assurance Unit (Program) :** Ensuring that assessment methods align with institutional standards of quality and validity.
- **Publication committee:** Facilitating public disclosure of assessment methodologies and results.

Approved by



Dr. Fathe Jeribi
Head of Department

3. Definitions

The following terms are defined as used in this Standard Operating Procedure (SOP):

- **Assessment Methods:** The tools, techniques, or systems used to evaluate an individual's knowledge, skills, abilities, or performance. Assessment methods may include Mid-term tests, Quizzes, Assignments, practical examinations, case study evaluations, and Presentations.
- **Quality Verification:** The process of systematically reviewing and assessing the accuracy, reliability, and fairness of an assessment method. Quality verification ensures that the method produces consistent results and functions as intended across different contexts and participant groups.
- **Validity:** The extent to which an assessment method accurately measures what it is intended to measure. Validity in this context ensures that assessments are designed to evaluate the knowledge, skills, and competencies that align with **Course Learning Outcomes (CLOs)** and **Program Learning Outcomes (PLOs)**. This also involves ensuring that the method is structured to assess the theoretical and practical aspects expected in the course or program.
 - *Content and Construct Validity:* Ensures that the assessment fully represents the knowledge, skills, and theoretical constructs outlined in the **CLOs and PLOs**. This type of validity guarantees that students are evaluated based on the intended learning objectives, covering both subject matter content and the broader competencies required for success in the course or program.
 - *Criterion-related Validity:* Verifies that assessment outcomes correlate with specific **Performance Indicators (PIs)** tied to CLOs and PLOs. This type of validity focuses on how well the assessment predicts or evaluates specific performance criteria, such as critical thinking, problem-solving, or practical application skills, as identified by the program's learning objectives.
- **Public Disclosure:** The process of openly sharing information about the assessment methods, their validation procedures, results, and limitations with the public or relevant stakeholders. Public disclosure promotes transparency, accountability, and trust by providing stakeholders with insight into the design, implementation, and outcomes of assessment methods.

4. Roles and Responsibilities

Stakeholder	Responsibility
Course Teacher	Implement assessment schemes, prepare assessments, and ensure transparency via BlackBoard (eLearning).
Course Coordinators / Track Leaders	Map and distribute assessment schemes, conduct periodic reviews to ensure consistency across sections.

Approved by



Dr. Fathe Jeribi
Head of Department

Program Coordinator	Review and approve final exam assessments to ensure alignment with PLOs and academic standards.
Head of Department (HoD)	Provide final approval of the final exam assessment to ensure consistency with institutional goals.
Quality Assurance Unit (QAU)	Ensure compliance with SOP standards through audits and verification.
Course Coordinator / Course Teachers	Manage public disclosure of assessment schemes via distribution, BlackBoard, and the college website.

5. Step-by-Step Procedure for Verifying the Quality and Validity of Assessment Methods

Step 1: Mapping of Assessment Schemes and CLOs/PIs

Responsibility: Course Coordinator

- The Course Coordinator is responsible for mapping the assessment schemes to the **Course Learning Outcomes (CLOs)** and **Performance Indicators (PIs)** aligned with **Program Learning Outcomes (PLOs)**.
- The Coordinator ensures that the assessment schemes comprehensively cover the necessary skills, knowledge areas, and competencies required by the course.
- This mapping provides a standardized framework to maintain consistency and validity across all sections of the course.

Step 2: Distribution of Assessment Schemes to Course Teachers

Responsibility: Course Coordinator

- Once the assessment schemes and mappings are finalized, the Course Coordinator distributes them to the Course Teachers responsible for different sections.
- Course Teachers are expected to implement these assessment schemes within their sections, ensuring that the assessments adhere to the pre-defined CLOs and PIs.
- This step guarantees uniformity in assessment quality and validity across all sections of the course.

Step 3: Preparation and Implementation of Assessments

Responsibility: Course Teacher

- Course Teachers prepare and implement assessments based on the distributed schemes, following the provided mappings of CLOs and PIs.

Approved by



Dr. Fathe Jeribi
Head of Department

- They ensure that the assessments accurately reflect the required learning outcomes and are appropriately aligned with the course's assessment framework.
- Any necessary adjustments for section-specific needs are made in consultation with the Course Coordinator to ensure alignment with the overall framework.

Step 4: Ongoing Review of Section Assessments

Responsibility: Course Coordinator

- The Course Coordinator conducts intermittent meetings with Course Teachers throughout the semester to review the implementation of assessments in each section.
- During these meetings, the Course Coordinator verifies that the assessments continue to meet the standards set in the initial mapping of CLOs and PIs, and ensures consistency across all sections.
- If any issues or inconsistencies are identified during the meetings, adjustments are made in collaboration with the Course Teachers to ensure the quality and validity of the assessments is maintained throughout the semester.

Step 5: Submission of Final Exam for Program-Level Review

Responsibility: Program Coordinator

- The final exam assessment (question paper) is submitted to the Program Coordinator for review after the section-level assessments have been finalized.
- The Program Coordinator evaluates whether the final exam aligns with the **PLOs** and meets the program's academic standards.
- This review ensures that the final exam accurately reflects the broader program objectives and aligns with the intended outcomes.
- Once the Program Coordinator has reviewed and confirmed the validity of the final exam, it is forwarded for approval by the Head of the Department.

Step 6: Final Approval of Assessment Methods

Responsibility: Head of the Department (HoD)

- The HoD gives the final approval of the assessments, ensuring that they adhere to both course-level and program-level standards.
- Once approved, the assessments are cleared for implementation across all course sections.

Step 7: Quality Assurance Verification

Responsibility: Quality Assurance Unit (QAU)

- The QAU conducts audits and periodic checks to ensure compliance with this SOP and NCAAA standards.
- They verify that the assessments are implemented consistently across sections and that they remain valid and reliable.

Approved by



Dr. Fathe Jeribi
Head of Department

- Any discrepancies identified by the QAU are addressed by the relevant stakeholders (Course Coordinators, Track Leaders, Program Coordinators, HoD).

Step 8: Public Disclosure of Assessment Methods

Responsibility: Course Coordinator and Course Teachers

- Transparency in the assessment process is ensured through multiple channels of public disclosure:
 1. **Distribution to Course Teachers:** At the beginning of each semester, the Course Coordinator distributes the assessment schemes, mapped to the **CLOs** and **PIs**, to all Course Teachers responsible for implementing the assessments.
 2. **Publication on BlackBoard (eLearning System):** All Course Teachers publish the assessment schemes for their respective sections on **BlackBoard** (or the institutional eLearning system) at the beginning of the semester. This provides students with full visibility of the assessment methods, ensuring they are informed about how their performance will be evaluated.
 3. **Course Description on College Website:** The assessment scheme for each course is also disclosed publicly through the **course description**, which is published on the college website. This helps ensure transparency for external stakeholders, including prospective students, parents, and the academic community.
- These disclosure methods collectively promote transparency, consistency, and trust in the assessment process, ensuring that both internal and external stakeholders are well-informed about the evaluation criteria and methods.

Step 9: Continuous Monitoring

Responsibility: All Stakeholders (Course Teachers, Course Coordinator, Program Coordinator, HoD, QAU)

- The assessment methods are continuously monitored and refined based on feedback from stakeholders and students.
- The QAU reviews the performance of the assessments periodically to ensure they remain valid and are effectively measuring the intended outcomes.
- Course Coordinators and Teachers collaborate to update and improve the assessments as needed.

6. Documentation and Record Keeping

Proper documentation and record-keeping are essential to ensure transparency, accountability, and continuous improvement in the assessment process. The following outlines the key records that must be maintained by both the Course Coordinator and the Course Teachers:

Approved by



Dr. Fathe Jeribi
Head of Department

Course Coordinator Responsibilities:

The Course Coordinator is responsible for maintaining comprehensive records related to the entire course's assessments. The following documents must be kept:

- **Course Description:** A detailed outline of the course, including assessment schemes. This document should be updated each semester and stored both digitally and in hard copy if required.
- **Course Specification:** This document specifies the assessment methods, learning domains (knowledge, skills, values), and alignment with CLOs, PLOs, and Performance Indicators (PIs). The Course Specification is vital for ensuring that assessments align with institutional academic standards.
- **Minutes of Meetings Related to Assessments:** All minutes from intermittent meetings with Course Teachers, where assessments and any revisions or updates to assessment methods are discussed, must be documented. These records ensure a transparent decision-making process.
- **Assessment-Related Question Papers and Answer Keys:** The Course Coordinator must keep copies of all assessment question papers (midterms, final exams, quizzes) and their corresponding answer keys. These documents serve as validation for the assessments and provide a reference for future modifications.
- **Course Reports:** End-of-semester course reports detailing the outcomes of the assessments, including student performance, feedback, and any recommended improvements for future assessment cycles. These reports help in continuous course development.

Course Teacher Responsibilities:

Each Course Teacher is responsible for maintaining records related to their specific section(s). These records include:

- **Section-Specific Assessment Documents:** Course Teachers must keep records of assessments conducted within their section, including quizzes, assignments, midterms, and final exams. Additionally, they must retain grading rubrics, student responses, and any modifications made to the assessments.
- **Assessment Results and Feedback:** All assessment results, along with feedback given to students, must be documented and stored securely. This includes any re-evaluations or grade adjustments made during the course of the semester.

Retention Period:

All assessment-related documents must be retained for a minimum period of **five years** after the completion of the course. This period ensures that records are available for future audits, curriculum reviews, and accreditation purposes.

Approved by



Dr. Fathe Jeribi
Head of Department

7. Compliance and Auditing

To ensure that all assessment methods comply with the standards outlined in this SOP, regular internal audits are conducted by the **Quality Assurance Unit (QAU)**. These audits review the documentation, procedures, and implementation of assessment methods across all courses.

Audit Process:

- **Documentation Review:** The QAU conducts a thorough review of the key documents maintained by the Course Coordinator and Course Teachers. This includes the course description, course specification, minutes of meetings, assessment-related question papers and answer keys, and course reports. The QAU ensures that these documents align with the approved assessment schemes and are consistently implemented across all sections.
- **Section Review:** The QAU checks the section-specific assessment documents maintained by Course Teachers to ensure that assessments are conducted as per the distributed schemes and that results are documented properly.

Actions for Non-Compliance:

- **Corrective Actions:** If non-compliance is identified (e.g., misalignment with CLOs/PLOs, missing documents, or inconsistent application of assessment schemes), the QAU issues corrective actions. These actions typically include revising the assessment methods, updating documentation, or retraining the responsible personnel to ensure adherence to SOP standards.
- **Reporting:** Any significant issues of non-compliance are reported to the Program Coordinator and Head of the Department for further review. The course team is required to address these issues promptly, and a follow-up audit may be scheduled to verify that corrections have been implemented.

APPROVALS

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	Dr. John Martin (SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

Approved by



Dr. Fathe Jeribi
Head of Department

REVISION HISTORY

<i>AUTHOR</i>	<i>REVISED SECTION/PARAGRAPH</i>	<i>REV</i>	<i>RELEASED</i>
Dr. John Martin	[Ver_001, Dated 26-Oct-2024]	001	

Approved by



Dr. Fathe Jeribi
Head of Department

Integration and Communication between the campuses

Effective communication and integration between the campuses that offer the Bachelor in Computer Science Program is essential for its smooth operation and success. In order to accomplish this, the program implemented multiple strategies that aim to foster collaboration, coordination, and seamless communication among faculty, students, and administration across campuses.

1. Communication Channels

The program successfully established structured channels for communicating with faculty, committees, and students on both campuses to ensure effective interaction. These channels were instrumental in facilitating regular communication between faculty, committees, and students, which led to the program's smooth functioning. These channels are established to ensure that communication is effective, clear, and reaches the appropriate audience while adhering to protocols.

- **Email:** Used as the default method for official communication and for sending important documents.
- **Meetings (Virtual/In-Person):** Regular or ad-hoc meetings, either physical or via platforms like zoom or google meet.
- **Social Media Platforms:** WhatsApp were used to informed about program updates, events, and announcements.

2. Inter-Campus Representatives

a). Committee Collaboration

The program used effective committee communication across campuses and achieved goals in a timely manner. Through effective committee collaboration, the program enhanced the quality of work and decision-making, resulting in an innovative environment. This shows satisfaction among committee members, which led to a significant, positive impact on the overall success and progress of the program.

Approved by



Dr. Fathe Jeribi
Head of Department

- **Appointing Faculty members:** The program appointed faculty members, representatives, and committee heads, which resulted in a robust framework for collaboration and enhanced academic and administrative effectiveness across campuses. Committee heads could be from either the male or female campus, with committee members from both campuses.
- **Meetings:** Meetings between campuses were used to enhance collaboration, implement a unified vision, enrich discussions and decision-making, and provide networking opportunities.
- **Activities:** The overall educational experience was enhanced by the coordination between campuses for successful execution of events and equal participation in program related activities.

b). Course Collaboration

- Effective course coordination led to consistent course delivery, course structure, organized, supportive, and enriched educational environments across the campuses.
- The program appointed Course Coordinator, Track Leader, and Course In-charge to ensure proper coordination across the campus.
- The Course Coordinator can be from either the male or female campus, while the Course In-charge will be from the opposite campus.
- Regular meetings were held by CC to ensure all the course teachers are following the course outline and also collect the feedback from the course teachers and resolves the issues if any by consulting the track leader.

c). Head, Faculty & Student Communication

- Effective communication among heads, faculty, and students across campuses resulted in benefits such as teamwork, innovative ideas and solutions, effective decisions that reflect the needs of all stakeholders, and professional development.
- Regular meetings were held with all stakeholders from both campuses. This enabled both faculty and students to raise concerns and provide feedback through open communication. The discussions enabled prompt resolution of any operational or academic issues.

3. Document Sharing and Collaboration Tools

The program facilitated communication and teamwork among campuses through document sharing and collaboration tools. Faculty members used these collaboration tools to share documents, update and access course materials from any location. The use of shared drives ensured that both campuses remained aligned with the program's goals and that information was centralized and readily accessible.

Approved by



Dr. Fathe Jeribi
Head of Department

Google Workspace Easy sharing and integration with services such as Google Docs, Sheets, Slides, and Drive.

OneDrive and **Dropbox** are both cloud storage services that allow users to store, access, and share files online, but they have distinct features and integrations.

Microsoft Forms and Google Forms: Used for conducting surveys.

4. Organizational structure

- Both campuses followed the same organizational structure to promote high-level integration and collaboration with the objective of maximizing efficiency and effectiveness (figure 1).
- Consistency in program administration was maintained by adhering to the same leadership hierarchy and decision-making processes.
- Both campuses created a more cohesive and effective educational environment that benefited all stakeholders involved. The alignment not only improved operational efficiency but also improved the overall quality of education and provided support to students.

Approved by



Dr. Fathe Jeribi
Head of Department

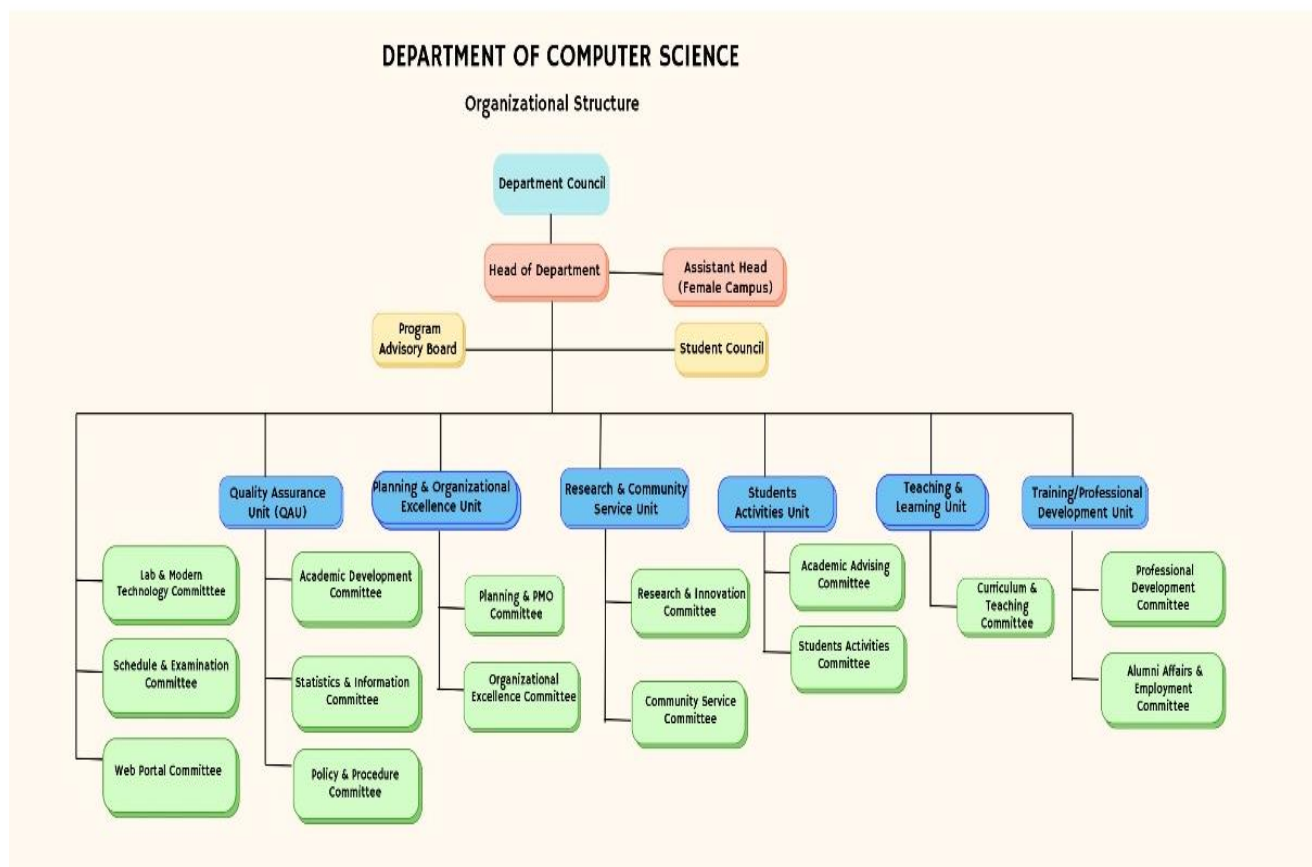


Figure 1: Organizational Structure

5. Department Council

The department council's decision-making process involved a diverse group of stakeholders, including the HoD, Assistant HoD (Female Campus), faculty, and students from both campuses. They actively participated in all meetings to ensure gender inclusivity and diverse perspectives were considered during the decision-making process. By adopting this approach, transparency is promoted and decisions reflected the needs and concerns of all stakeholders. The department council discusses about essential program matters, curriculum changes, event planning, and student concerns.

6. Communication Flow and Integration Tools

The communication flow between campuses (figure 2) is highlighted in a visual representation that shows the key tools and channels used for communication includes Email, Meeting minutes, Social media, and Software applications (figure 3). The use of multiple channels of communication ensured continuous interaction between campuses and the easy exchange of ideas and information.

Approved by

Dr. Fathe Jeribi
Head of Department

Flowchart for Campuses Communication

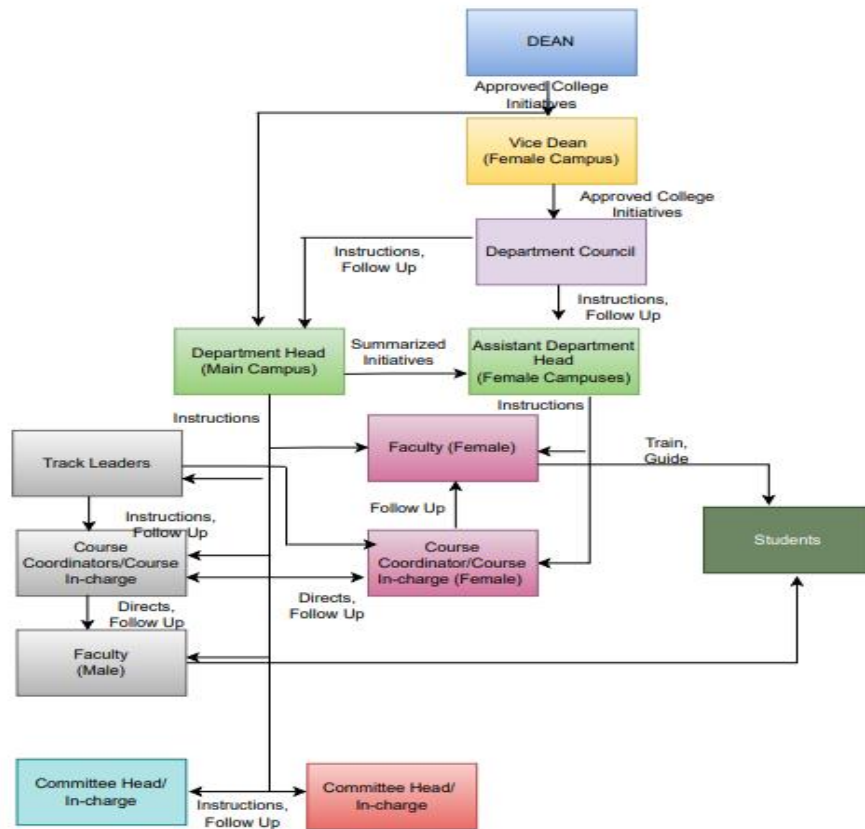
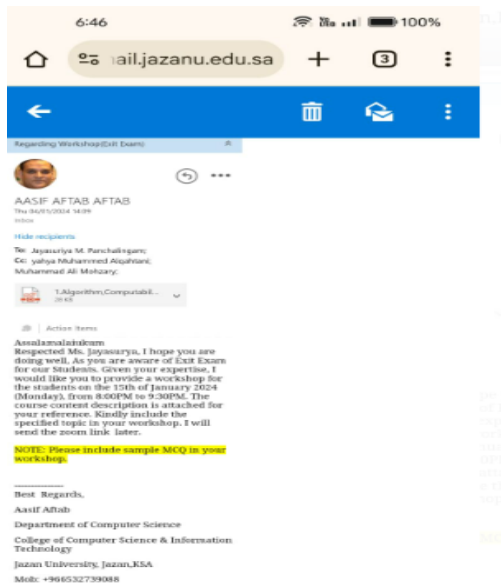


Figure 2: Flowchart for campus communication


SCREENSHOTS

Approved by

Dr. Fathe Jeribi
Head of Department



Email



KINGDOM OF SAUDI ARABIA

MINISTRY OF HIGHER EDUCATION, JAZAN UNIVERSITY

COLLEGE OF COMPUTER SCIENCE & INFORMATION TECHNOLOGY

PROCEEDINGS OF THE QA MEETING

Department of Computer Science

Date / Day

Time

Venue

Meeting No.

20th September 2023 / Wednesday

12:00 PM

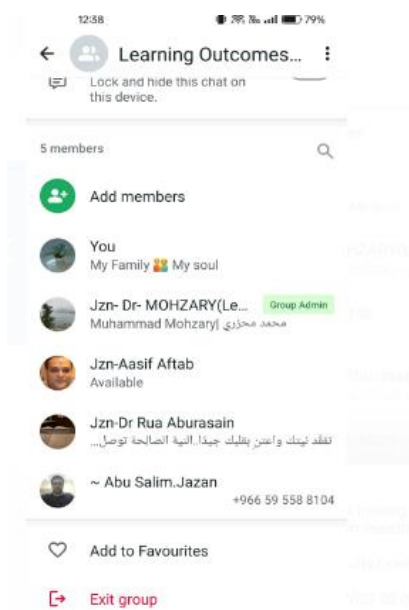
Meeting Room (ITS Department)

01

Members present	Members Absentized
1. Dr. Abdulmalik Humayod (Vice Dean)	1. Mr. Aasif Aftab (STD-2 In-charge)
2. Dr. Salimudeen Durabi (Vice Dean)	
3. Dr. Yalya Alghamdi (HoD)	
4. Dr. Shams Tabrez Siddiqui (Head, QAU)	
5. Dr. Rajan John (STD-1 In-charge)	
6. Mr. Abu Salim (STD-2 In-charge)	
7. Mr. Syed Zaidin (STD-6 In-charge)	
8. Mr. Shamsur Nasir (STD-5 In-charge)	
9. Mr. Shabbir Alam (STD-4 In-charge)	
Mr. Zainab Khan, Ms. Shabana Parveen, Ms. Jayasariya, Ms. Maha Shaabi, Ms. Sameen Sheikh, Ms. Sabah Khatif, Dr. Mansal Alkhamush joined from Mahiya Campus online.	

No.	Agenda / Proceedings	Responsibility	Deadline if any
1.	CURRENT ISSUES <ul style="list-style-type: none"> STD-1 <ul style="list-style-type: none"> Challenges in achieving the initiatives by few committees like building partnerships with the industry, invite alumni as speakers etc. 		
	<ul style="list-style-type: none"> Difficulty in inviting the alumni for their involvement in CS department activities and Alumni partnership. 		
	<ul style="list-style-type: none"> STD-2 <ul style="list-style-type: none"> Issue with Program Advisory Board. Majority of the members should be from IT and Computing Industry (preferably 75% as mentioned by NCAAA consultant 		

MOM



WhatsApp group



WhatsApp communication

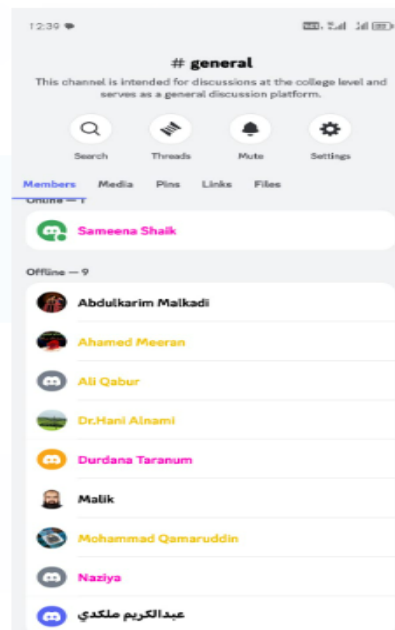
Approved by



Dr. Fathe Jeribi
Head of Department



Kanboard Communication



Kanboard group

Figure 3: Screenshots of Communication channels

The Bachelor in Computer Science Program has implemented various strategies to promote smooth integration and communication between campuses, including communication channels, inter-campus representatives, shared document tools, and a unified organizational structure. This collective effort ensures stakeholder involvement in decision-making processes and facilitates regular communication for an enriching educational experience.

These strategies have been successful in maintaining consistent program standards and encouraging collaboration between campuses.

References: SOP- Teaching and learning [\[Effective Learning & Teaching\]](#) Page no 47

Designation	SOP Developer(s)	Head, SOP	Head, QAU	CS Head	College Dean
Name	(SOP Committee)	Mr. Raj Kumar Masih	Dr. Shams Tabrez	Dr. Fathe Jeribi	Dr. Mousa Khubrani
Signature					

Approved by

Dr. Fathe Jeribi
Head of Department